

# YOUTH RUGBY PROGRAM

## REGISTRATION FORM

**\*\*\*ALEXANDRIA CITY RESIDENTS ONLY!\*\*\***

YOUTH SPORTS  
1108 JEFFERSON STREET  
ALEXANDRIA, VIRGINIA 22314  
(703) 838-4345

**\* COST: \$30.00 \* Birth Certificate Required \***

***\* A COMPLETED REGISTRATION FORM WILL SECURE PROGRAM ENROLLMENT.***

## MEDICAL INSURANCE

THE CITY OF ALEXANDRIA DOES NOT PROVIDE MEDICAL INSURANCE FOR PROGRAM PARTICIPANTS. IN THE EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT, HOSPITALIZATION, AND/OR SURGERY, THE FAMILY MEDICAL INSURANCE MUST BE USED.

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PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

SHIRT SIZE \_\_\_\_\_ SCHOOL \_\_\_\_\_

E-MAIL \_\_\_\_\_

PREVIOUS EXPERIENCE \_\_\_\_\_

## WAIVER FORM

IN CONSIDERATION OF THE CITY OF ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES, CONDUCTING VARIOUS PROGRAMS AND ALLOWING \_\_\_\_\_ TO PARTICIPATE IN THE ***RUGBY*** PROGRAM, THE UNDERSIGNED, REALIZING THE RISK OF INJURY ATTENDANT TO SUCH PROGRAMS DOES HEREBY RELEASE AND FOREVER DISCHARGE THE CITY OF ALEXANDRIA AND THE DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES AND ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS OR LIABILITY RESULTING FROM OR ARISING OUT OF OR BASED UPON ANY BODILY INJURY OR PROPERTY DAMAGE WHICH MAY BE SUSTAINED BY THE UNDERSIGNED OR THE UNDERSIGNED'S CHILD WHILE PARTICIPATING IN THIS PROGRAM. PER THE CITY OF ALEXANDRIA POLICIES, REGISTRATION INFORMATION OF EACH PARTICIPANT IS PROVIDED TO THE ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES (ADRPCA) FOR RECREATION DEPARTMENT PROGRAMS ONLY.

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SIGNATURE OF PARENT

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(PRINT NAME)